



New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions FEB 08 2024

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: Anderson Center for Autism
B. Trade(s): Teacher, Teaching Assistant
C. Type of Apprenticeship Training Program (check one):
1. [X] Individual Non-Joint 2. [] Individual Joint 3. [] Group Non-Joint* 4. [] Group Joint (JAC/JATC)*
D. Name of entity completing this form: Anderson Center for Autism
E. Entity completing this form (check one):
[X] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
F. Mailing address: Street: 485 Rt 9 PO Box 367
City/Town: Staatsburg State: NY Zip Code: 12580
G. Email: [redacted] H. Phone: (845) 889-9201 I. Fax:
J. Federal Employer Identification Number (FEIN): [redacted]
K. NYS Unemployment Insurance Employer Registration (ER) Number: [redacted]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [X] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 99
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] No
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [X] Yes [] No

Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law? [] Yes [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
 b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above?**..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

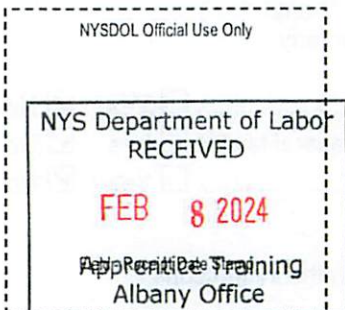
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Patrick D. Paul 02/02/2024
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Patrick D. Paul, CEO/Executive Director

Sworn to me this: 2nd day of February, 2024 *Kathleen A. Murphy*
Signature of Notary Public or Commissioner of Deeds



KATHLEEN A. MURPHY
 Notary Public, State of New York
 No. 01MUG281079
 Qualified in Ulster County
 Term Expires May 13, 2025

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Department
of Labor

www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

| State Use Only |
|------------------------------|
| AT Sponsor No. |
| ATP Code |
| Effective Date of AT Program |

1. Name of Sponsor: Anderson Center for Autism
2. Mailing Address: 4885 Rt 9 PO Box 367 Staatsburg NY 12580 Dutchess
 (number & street) (city) (state) (zip code) (county)
3. Actual Address: _____
 (number & street) (city) (state) (zip code) (county)
4. Telephone No.: 845-889-4034 Ext. _____ Fax No.: _____
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Teacher
7. No. Employees: 850 No. Apprentices: _____ No. Journeyworkers: 31 8. Ratio: 1:1; 1:1
9. DOT Code: _____ 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$18.50 per hour 14. Effective Date of Wages: 01/01/2024

15. Apprentice wage progression for each period – in months (M) or hours (H)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> |
| H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> | H <input type="checkbox"/> |
| 0-12 | 13-24 | | | | | | | | | |
| \$18 | 18.25 | | | | | | | | | |

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Central Office

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.

17. 02/02/2024 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Patrick D. Paul, CEO/Executive Director _____
 Print Name and Title Print Name, Title, and Union Name

19. _____ _____
 Signature New York State Department of Labor Date

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Department of Labor

Apprenticeship Training Program

Sponsor Code 22279

Trade Code 89-596C

Related Instruction Availability

Trade: Teacher

Sponsor Name: Anderson Center for Autism

Sponsor Representative: _____

Sponsor Address: _____

No. & Street: 4885 Rt 9 PO Box 367 City: Staatsburg

County: Dutchess State: NY Zip Code: 12580

Sponsor Telephone No.: 845-889-4034

Proposed Number of Apprentices: _____

AT Office

Name: NYS DOL

No. & Street: _____

City: Albany State: NY Zip Code: _____

Apprentice Training Representative: Daniel Paris Date Prepared: 11/20/23

Related instruction is **not** available. Related instruction is available at:

School

Name: SUNY ESC

No. & Street: 2 Union Ave

City: Saratoga Springs State: NY Zip Code: 12866

School Representative Contact Information:

Name: Tracy Galuski, PhD

Telephone No.: 518-587-2100 x 3892 Email:

School

Name: SUNY New Paltz

No. & Street: 1 Hawk Dr

City: New Paltz State: NY Zip Code: 12561

School Representative Contact Information:

Name: Barbara Chorzempa

Telephone No.: 845-257-2851 Email:

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DLEA

Name: Carolyn Deamiller Central Office

No. & Street: _____

City: State: NY Zip Code: _____

Signature of DLEA Date Prepared: 11/20/23



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Anderson Center for Autism

Located at: (Address) 4885 Rt 9 PO Box 367, Staatsburg, NY 12580

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: _____

In the occupation of: (List Trade) Teacher

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications Must have 4 year Bachelors degree and be eligible for acceptance into a partner graduate teacher preparation program
Minimum Age: 21 Minimum Education: _____

Physical Condition: Be physically able to perform the work required as determined by:
N/A

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Accepted into a partner graduate level teacher preparation program

Other:

Other:

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Central Office

Application forms may be obtained: From: _____ To: _____

Name: Anderson Center for Autism

Address: 4885 Rt 9 PO Box 367, Staatsburg, NY 12580

Days: M-F Times: 8 am - 3 pm

Phone: (845) 889-4034 Email: _____

Special Instructions:
N/A

All Applications Must be (please check) Received Postmarked No Later Than: _____

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Special Education Teacher

Address: _____ City: _____ State: _____ Zip: _____

| Only those checked apply. | | Maximum Points Allowable | Number of Years Credited | Score |
|---|---|--------------------------|--------------------------|--------------|
| Educational Achievement | | Total | 20 | Total |
| <input type="checkbox"/> | Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities | | | |
| <input type="checkbox"/> | Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities | | | |
| <input type="checkbox"/> | Points for Each Trade Related Adult or Continuing Education Course Completed | | | |
| <input checked="" type="checkbox"/> | Other: <u>Successfully completed Gradual level coursework (passing grade)</u> | | | |
| Work Experience | | Total | 40 | Total |
| <input checked="" type="checkbox"/> | <u>2</u> Points for Each Year of Trade Related Work Experience | 10 | | |
| <input checked="" type="checkbox"/> | <u>2</u> Points for Each Year of Active Military Experience | 10 | | |
| <input type="checkbox"/> | Points for Each Year of General Work Experience | | | |
| <input checked="" type="checkbox"/> | <u>5</u> Other: <u>For each trade related professional certifications (including out of state)</u> | 20 | | |
| Seniority | | Total | | Total |
| <input type="checkbox"/> | Points for Each Year of Employment with The Sponsoring Firm | | | |
| <input type="checkbox"/> | Other: _____ | | | |
| Job Aptitude | | Total | | Total |
| <input type="checkbox"/> | Name of Aptitude Test: _____ Administered by _____ | | | |
| <input type="checkbox"/> | Other: _____ | | | |
| Oral Interview: Not to Exceed 40% of Total Score | | Total | 40 | Total |
| <input checked="" type="checkbox"/> | <u>0 or 10</u> Ability to Communicate | 10 | | |
| <input checked="" type="checkbox"/> | <u>0 or 10</u> Willingness to Accept Obligation of Apprenticeship | 10 | | |
| <input checked="" type="checkbox"/> | <u>0 or 10</u> Ability to Reason and Comprehend | 10 | | |
| <input checked="" type="checkbox"/> | <u>0 or 10</u> Interest and Motivation | 10 | | |
| <input type="checkbox"/> | Other: _____ | | | |
| <input type="checkbox"/> | Other: _____ | | | |

Total Allowable Points →

| | | |
|-----|---------------|--|
| 100 | Total Score → | |
|-----|---------------|--|

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Anderson Center for Autism NYS Department of Labor
Apprentice Training

Sponsor Address: 4885 Rt 9 PO Box 367, Staatsburg, NY 12580 FEB 08 2024

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Department of Labor

Sponsor Code 22279
Trade Code(s) 89-547C
89-618
89-596C

New York State Department of Labor
Apprentice Training Program Affirmative Action Plan


New Program Amended Renewal

To be Administered by (Sponsor's Name): Anderson Center for Autism

Address: 4885 Rt 9 PO Box 367, Staatsburg State: NY Zip: 12580

Plan is effective: From: 1/1/24 To: 12/31/24

On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.

Signature of Sponsor:  Date: 12/13/23

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Print Name: Patrick D. Paul

Title: CEO/Executive Director

Do not write below this line.



Approved by: _____ Date: _____
NYS Department of Labor

Title: _____

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Part III – Current and Projected Staffing and Annual Goals

Title of Trade Teacher

A. Current Staffing in the Above Trade

| | Total | African American | | Hispanic | | Other Minority | | Women | |
|------------------------|-------|------------------|---|----------|---|----------------|---|-------|---|
| | | No. | % | No. | % | No. | % | No. | % |
| Active Journeyworkers | | | | | | | | | |
| Registered Apprentices | | | | | | | | | |

B. Projected Number of Apprentice Indentures*

| | Year | 20 22 | 23 | 24 | 25 | 26 | Totals |
|---------------------------|------|-------|----|----|----|----|--------|
| New Positions | | | | | | | |
| Vacancies from Turnover** | | | | | | | |
| Total Indentures | | | | | | | |

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

| | Year | 20 22 | 23 | 24 | 25 | 26 | Totals |
|------------------|------|-------|----|----|----|----|--------|
| African American | | | | | | | |
| Hispanic | | | | | | | |
| Other Minority | | | | | | | |
| Women | | | | | | | |
| Total Indentures | | | | | | | |

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

Part IV – Action Plans and Requirements (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).
An area-wide public recruitment will publicize the following information:
 - a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor.
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<http://www.newyork.usnib.com/>).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used must be attached to be submitted to the Commissioner of Labor for review and approval prior to being used.*

C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods. (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

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JUL 14 2022

* A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

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